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INCORPORATING NATURAL FAMILY MEMBERS INTO RESIDENTIAL PROGRAMMES FOR CHILDREN AND YOUTH

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BACKGROUND

Most agencies that provide residential services for children and youth make some attempt to work with natural family members; e.g. mother, father, grandmother, grandfather, sister, or brother of those placed within these programmes. Some common approaches to this include the employment of social workers or involvement of other social agencies to undertake this work. Alternatively, a member of the direct care staff in a residential programme may be designated as a family worker and required to make extra effort to maintain links between the child in the programme and the natural family. Under all of these arrangements, direct care practitioners in residential programmes are expected to be responsive to natural family members visiting a child in the programme. They are also expected to support a child planning to return home for a family visit or returning to the programme from such an event.

All of these practices have existed for many years, although increased emphasis is now placed on family work in order to prevent the need for permanent 'out of home' or 'out of family' placements. Studies which have shown children adrift in the system (McCotter and Oxnam, 1981) and in danger of permanent isolation from their family of origin have reinforced this emphasis. The importance of work with family members is also underlined by research which shows that the most important predictor of family reunion is the incidence of family visiting to a child whilst in an 'out of home' placement. (Fanshell and Shinn, 1978; Millham, Bullock, Hosie and Haak, 1986).

WORK WITH FAMILIES

In spite of all these efforts, disquiet still exists about the effectiveness of approaches to work with natural family members of children placed in residential progranmes. Indeed attempts to involve natural family members in family meetings or family sessions, or more formal family therapy ventures, often meets with limited success. When this happens it is not unusual for direct care practitioners to take the view that the problem of engaging natural family members in this way, is the result of their own lack of professional skill. The adoption of this explanation may then lead to attempts to acquire training in specialist forms of family therapy in the belief that these skills will enable them to find more effective ways of working with the natural family members of the children in their care. However, once these skills have been acquired and taken back into a residential programme, they are often found not to fit comfortably either into that context, or with the type of client families with whom these practitioners must work. Consequently those approaches are viewed as less effectivethan was previously considered the case or practitioners may leave the residential programme in order to work in a context where they tink *real* family therapy will be possible. In the process residential programmes may be labelled as having nothing to offer the families of children in care.

The difficulties of working with family members, as outlined above, suggests that direct care practitioners need to develop ways of working which more easily fit their particular context of practice. Moreover, it is suggested that practitioners in residential programmes already have a range of relevant skills which need to be adapted and utilised more fully in direct work with the natural family members. This offers a more appropriate way to proceed than attempts to apply approaches that have been developed in other contexts, especially clinical settings. Such settings are vastly different in form from residential programmes. Before elaborating on the more constructive use of existing skills it is necessary to examine ways in which current approaches to residential practice may, however unwittingly, exclude family members from active involvement in the care process.

THE EXCLUSION OF FAMILY MEMBERS FROM CARE

All too often when a child is admitted into a residential programme, the agency and its practitioner workforce unwittingly exclude family from continued involvement with their own child. The too ready assumption is that because the child has to be admitted into care the natural family has failed and is no longer capable of offering *any* care to that child. This is especially liable to happen if the agency views residential programmes as providing substitute family care and uses the family as a model for the design of group homes (Hansen and Ainsworth, 1983; Ainsworth and Hansen, 1985). This model reinforces the exclusion of family members from the care process because of the way in which it encourages practitioners to view themselves as substitute parents.

Indeed such conceptualizations imply that direct care practitioners are now acting 'in place of' the natural family members rather than as co-partners with family members in the caring process. Under these conitions it is hardly surprising if the natural family members feel excluded and consequently show a limited willingness to be involved in family sessions or to maintain contact with their own child. It can be argued that the process when enacted in this manner, leaves them with few other choices. When the above occurs the family model, when applied to residential programmes, is "anti" rather than "pro" the natural family.

THE INCLUSION OF FAMILY MEMBERS AS PARTNERS IN CARE

It can be argued that all family members, irrespective of their limitations or personal difficulties, are capable of offering some care for their child. Whatever they have to offer should be given a prestigious place in any residential care plan, no matter how limited this may be. This requires that we recognise not only the difficulties family members may have, but most importantly those areas of skill or competence (Whittaker, 1979), that they possess.

In order to incorporate the skills of family members into the care process it is necessary to review how we think about residential programmes, the function that they need to perform and the role of direct care practitioners. This demands a significant re-conceptualization of residential practice.

The first step is to recognise that residential programmes, including group homes, are *open membership groups,* rather than family groups. In open membership groups there is regularly changing membership and involvement is invariably on a time limited basis. Such membership groups can offer important sources of personal security, identity formation, nurturing care, and socialization opportunities. This group model more accurately reflects the true characteristics

of residential programmes. Moreover, it reduces the temptation to try to artificially replicate the family unit which has in fact, an entirely different set of features. When residential programmes are viewed from this perspective it is possible to dispense with the notion of group homes or other residential programmes as constituting substitute family care. Rather, such programmes can be seen as an alternative to various forms of family living or as a supplement to such arrangements. Indeed direct care practitioners can then begin to pursue actively the growth enhancing dimensions of group living encumbered by historically outmoded conceptualizations of the task of residential care services.

Under the membership group model the task of the direct care practitioner moves to one of *shared care* with familt members. The role of practitioner becomes that of *co-worker* who acts as a partner with family members in ensuring that the natural family's child is cared for appropriately. In this senario, direct care practitioners become family support workers rather than substitute parents. As co-workers with the natural family members, their task is to ensure that as much responsibility for the care of the child as is feasible, remains with the natural family. This is a position which is at the forefront of respite programmes for intellectually or physically disabled children (Oswin, 1984; Cohen and Warren, 1985), and which warrants wider adoption by the child welfare sector. This proposal implies that the natural family must be involved increasingly in the actual residential programme, undertaking child caring tasks alongside direct care practitioners. This involvement obviously requires agreement between natural family members and direct care practitioners, and must be the subject of clear negotiation at the point of admission of a child into care, and as a condition of that admission wherever possible. Only in this way will natural family members be sure of a continuing place in the care process and be able to engage comfortably with a residential programme.

PRACTICAL WAYS OF WORKING WITH FAMILY MEMBERS

There are a range of practical activities in all residential programmes in which natural family members might be asked to be involved as their contribution to the continuing care of the child. All involve working with direct care practitioners in a co-worker type role. These activities also cluster around some of the traditional areas of skill of direct care practitioners (Ainsworth and Walker, 1983), such as organisation of the care environment, use of everyday life events, and activity programming.

It is entirely practical to think in terms of a natural family member working with a practitioner around the admission of a child to care. The natural family member might assist the practitioner in ensuring that the bedroom to be occupied by the child is clean and tidy and that the child's personal belongings are carefully stored in accordance with the child's wishes. Indeed a family member might agree to help decorate a bedroom for the child, or to build a new bookshelf or toy cupboard for use in the child's bedroom. Such activities would not only help to *organise the care environment* for the child, but would give the natural family member an ongoing stake in that child's comfort.

Everyday life events provide the arena for promoting a child's growth in terms

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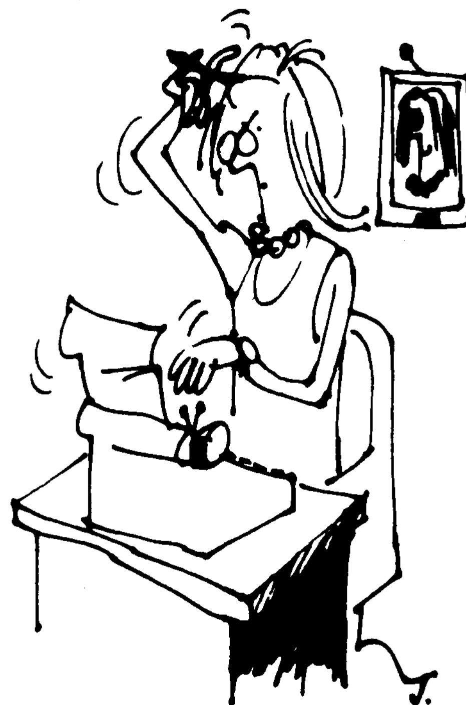

of competence in a range of social and life skills. In this area a family member might engage with a practitioner around meal preparation, or the purchase of clothing for the child. A family member might be involved in discussions with the nearby school which the child attends whilst in the programme. The possible range of shared tasks is neverending. Importantly when these tasks are shared by practitioner and family member, they confirm the family member's ongoing responsibility for the care of their own child.

Finally, as an example in the area of *activity programming,* it is possible to conceive of a family member's involvement with practitioners in a range of recreational, or similar, pursuits. Camping weekends, seaside excursions, sports events, picnics and the proverbial barbeque, are all group activities to which family members can make a useful contibution. Such events often provide excellent opportunities for relaxed exchanges between practitioners, family members and children, that are educational in value and an immense boost to personal morale. Family members' involvement in such activities well and truly incorporates them into a residential programme and helps to maintain their links with their child.

This involvement of family members in the way suggested would help to resolve the often problematic issue of visiting. (Proch and Howard, 1986). Family members would have a concrete reason for being in the programme and be able to demonstrate their value to the programme. The process would facilitate their acceptance of a continuing responsibility for their child. It would also help to reduce the sense of failure which is always felt by family members when a child is placed in 'out of home' care.

PRACTITIONERS AS TEACHERS

The incorporation of family members into residential programmes provides an occasion for practitioners to obtain information about how family members engage with their child. It allows direct care practitioners to monitor these exchanges and if appropriate to intervene and teach parenting skills to the actual family members. The exploitation of available opportunities for direct care practitioners to undertake these teaching tasks is grossly underdeveloped (Conte, 1985). If practitioners pursue these avenues and take on the teaching role it is possible that the current impasse in relation to attempts at family work may be overcome. By selecting the involvement of families in programmes as the mode for working with families, the format is one which suits the context of residential practice. This then uses the unique features of residential programmes in a positive way.

DILEMMAS IN IMPLEMENTATION

Clearly any proposals for incorporating family members into residential programmes in the manner suggested have resource implications. Whilst the new mode of practice will utilize family members as resource persons, it will also make additional demands on practitioners. In this regard agency administrators will need to review and upgrade staffing allocations to programmes in order to support this type of service development.

It will of course, be tempting to simply increase expectation of existing staff and not add new resources. If this occurs, failure to implement those new ways of working with natural family members is likely to occur. Because of resource constraints it will also be tempting to argue that new modes of practice cannot be developed since no new resources are available. In this respect it is worth noting how in regard to respite programmes in the field of physical and intellectual disability, this has not proved to be the case. In fact, a commitment to a service model which encourages natural family members to continue to be involved with the care of their child, rather than to totally abandon them, to the care of others and a firm 'value' position which supports this, has resulted in the argument fpr increased resources being fought and won. The message is that strong commitment to this new mode of practice by the child welfare sector is a precursor to effective resource acquisition.

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